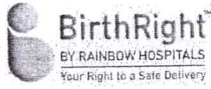


ANC-00015338 IP28-00004535
 Mrs U ANUSUYA
 07-05-1987 59 Y 1 M 3 D (F)
 Dr. NANDINI L



DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		10/6/14 12-15pm	SS SUN	
Activity Sheet updated by Pharmacy	10/6/26 at 12:30 pm	10/6/26 at 12:55 pm	Priya	

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date									
Units									
Remarks									

ANY OTHER INFORMATION

Date : 10/6/26 Time : 12.15pm

Prepared By : Sugashini

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor
<i>Sugashini</i> <i>0119806</i>	<i>Sugashini</i> <i>012981</i>		

ANC-00015338 IP28-00004535
Mrs U ANUSUYA
07-05-1987 59 Y 1 M 2 D (F)
Dr. NANDINI L



CROSS CONSULTATION FORM

Doctor Name: Dr. Ranjya Lakshmi Date: 9/06/20 Time: 4.45pm
Diagnosis:

Hospital:
Referred for: Opinion Co-Management Transfer of care
Type of Referral :
 Emergency
 Urgent
 Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

Case Reviewed

pt had hypoglycemia
@ 6am today.

S/O: CVS: S₂ (+)

RE: AVION (+)

no added
sounds.

To do

FBS/PPBS
Tomorrow.

Alert

pre CBG monitoring
2 in afternoon.

Consultant :

Name: Dr. R. Ranjya Lakshmi Signature: Date & Time: 9/06/20

Dr. R. R.

DECLARATION FORM

Name: Dr. Arango Valdez, M.D. Date: 1/20/20

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Signature: _____

Case number

PI had supplied
to the school

1/20/20

Dr. Arango
is added
to the

Arango

see accompanying
report

To be
filed
in

Signature: Dr. Arango Valdez, M.D. Date: 1/20/20

Printed Name: _____



CROSS CONSULTATION FORM

Doctor Name: Dr. Ramya Lakshmi Date: 8/06/2026 Time: 5:20pm

Diagnosis:

Hospital:

Referred for: Opinion Co-Management Transfer of care

Type of Referral :

Emergency

Urgent

Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

Thanks for reference.
K/c/o TDM / DLP.
epo painful micturition x 2 days.
no fever
O/c: p.r.
hydration fair
BP: 110/60
HR: 90/min

Consultant :

Name :

Dr. Ramya Lakshmi Signature: Dr. Ramya Lakshmi Date & Time: 8/06/26

FBS-183

Sp: CV: 92 (+)

TC-11,140

RS: NV DM (+)

RFT-6/0.4)

RBS-244

no added
seconds

$$\Delta = UT1 / \text{BDM}$$

Advice

To do

urine R/E }
urine c/s } sent
~~FBS/PPBS~~

① IVF NS / @ 75ml/hr

② continue antibiotics

(BP) ③ TAB. Diclofenac 100
(2/500)

(with food) ④ TAB. Voltol 1-1-1
(0.3mg)

⑤ TAB. Istamet 100
(50/500)

R. R. Padala
96064

STOP T. Remov



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/20	SIBy Dr Nandini	
11 AM	N is stable	
	p- folar	
	BD 180/20mg	
	pm Sofp	Do CBC, AFT
	NAD	TO do PPBS.
		En: MAYNEK FORTR
		3gm (180)
		GRBS 6th hr
		Tab URISAB 1-0-0
		UTI PWSH 1-1-1 Pro.
		in 100ml water
		physician reference
		nutri - 4th hrly
		Input/output chart thery.
		10RE some lge.
	Tab ACTOR	
	Tab ACTOR 20mg	
	1-0-0	
	Tab GLUCOMET R10-1	
	1-0-0	
	Tab RENO-V (RenogluH2in / midogluH2in)	
	0-1-0	
	Tab PMEGLYN 500	
	0-0-0	

7-BS



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/2026	Sg De Raaga B	
8pm	No specific complaints	
	Al fair	
	Wtals stable	Adv
	P/A soft	→ Physician opinion
	A/E - CBD ⊕	→ CBH 6th hour
	clean urine dry.	→ Follow dry lab
	S/R Dr. Nandini	POD - 9 Dob: 12/31/2025
	P/A - soft	WF - 1 ORC / 95 cc/hr
	wound ⊕	10 NS
	⊕	- Dry. Magnex forte 30m N10
	⊕	- Dry. Pain Gery N10
PR - 90/mnt		- NFI flush in 100ml water (NFI) 1-1
BP - 110/60		- T. mispas 10
		- To continue diabetic drugs as per physician's order.

P ⊕

PR - 90/mnt

BP - 110/60

Ambulation - X
 To decide on catheter removal tomorrow
 Dry. Phenygan M 8 tab
 10pm

ANC-00015338 IP28-00004535
 Mrs JANUSUYA
 07-05-1987 59 Y 1 M 1 D (F)
 Dr. NANDINI L



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Mandini	
1.30 pm	POD-8	Adv
	PA - soft	- soft solid diet
	wound (X)	- IVF - 2 - ORL 1 ORL
		- 6m early CBC
		6am / 12pm / 6pm / 10pm
	(X) - go chart	
		- continue OHA.
	(D2)	- 2ry: Magnex forte 8am IV 1-07
		- 2ry: Metro 500 IV 1-07
		- 2ry: Pan 4mg IV 1-07
		- Entero germinal suspension 1-1-7
		- Ambulation.
		- T. Ampit 0.5 mg 1 HS stat

Sobhan



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26		<u>s/B Dr. Paritha</u>
2:39 p.m	<u>POD - 8</u>	<u>Pt Reviewed</u>
	<u>vitals stable.</u>	<u>p/a - soft</u>
		<u>wound healthy.</u>
		<u>Adv</u>
		<u>- Soft solid Diet</u>
		<u>To continue same orders.</u>
	<u>To do</u>	<u>- CBG 6th hourly</u>
	<u>pre-meal @ 8 p.m</u>	<u>@ 6 p.m.</u>
	<u>To do</u>	<u>Adv</u>
	<u>- FBS</u>	<u>- physician opinion</u>
	<u>- PPBS</u>	
	<u>- CBE</u>	
	<u>Urine R/E</u>	
	<u>Urine q.s.</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/26/20 7:30pm	Smg Dehydration	
	w/lyr comfort	
	vital stable	
✓	po Sppl sp a	
	w/lyr nas	crab
		AD 12/5/21
10/6/20 8:30pm	8/13 De Range	
	P/c reviewed	
	no complaints	
	of cesari	
	Afebrile	
	vital stable	
	P/A - LFT	Ad Cultures reports
		D. Range 12/1/21



DRUG CHART

Date of Admission: 8/6/26 Drug Allergies: none Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

VERIFIED BY : Name	DRUG :				Date														
	Dose	Route	Frequency	Start Date	Time														
	Doctor's Signature		Valid Period	Pharm.															
	Additional Instructions:																		
Signature	DRUG :				Date														
	Dose	Route	Frequency	Start Date	Time														
	Doctor's Signature		Valid Period	Pharm.															
	Additional Instructions:																		
Signature	DRUG :				Date														
	Dose	Route	Frequency	Start Date	Time														
	Doctor's Signature		Valid Period	Pharm.															
	Additional Instructions:																		



REGULAR PRESCRIPTIONS

Weight. 115 Ward. 609

DRUG : Dr. MACHINEX PAINS Date/Time 8/6 9/16

Dose	Route	Frequency	Start Date																	
<u>3gm</u>	<u>Oral</u>	<u>1/2</u>	<u>8/6</u>	<u>11:30 PM</u>	<u>10</u>	<u>10/16</u>	<u>5 AM</u>	<u>5 AM</u>												

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: in 100ml NS

Daily Doctor's Endorsement by a Sign

DRUG : Dr. PAIN Date/Time 8/6 9/16

Dose	Route	Frequency	Start Date																	
<u>100</u>	<u>Oral</u>	<u>100</u>	<u>2/6</u>	<u>11:30 PM</u>	<u>6 AM</u>	<u>10/16</u>														

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: STOP

Daily Doctor's Endorsement by a Sign

DRUG : Tab. ORALIST Date/Time 8/6 9/16 10/16

Dose	Route	Frequency	Start Date																	
<u>10</u>	<u>Oral</u>	<u>100</u>	<u>2/6</u>	<u>10:30 AM</u>	<u>9 AM</u>	<u>10/16</u>	<u>8 AM</u>													

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 9 PM Phosphor

Daily Doctor's Endorsement by a Sign

DRUG : VTI Phosph Date/Time 8/6

Dose	Route	Frequency	Start Date																	
<u>10</u>	<u>Oral</u>	<u>100</u>	<u>2/6</u>	<u>1 PM</u>																

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: In pure water

Daily Doctor's Endorsement by a Sign



Sheet No: 1 **REGULAR PRESCRIPTIONS** Weight 6.1 kg Ward M Floor

DRUG :				Date-Time	8/6	9/6	10/6
TAB DIAPRINE ^{M2}				8/6	9/6	10/6	
Dose	Route	Frequency	Start Dt.	9 AM	9 AM	NH WH	
2500	P/O	1-1-1	8/6				
Name & Signature of the Doctor Starting the Drugs:					9 AM		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : TAB ROUBO				8/6	9/6	10/6	
Dose	Route	Frequency	Start Dt.	9 PM	9 AM	NH WH	
0.3 mg	P/O	1-1-1	8/6				
Name & Signature of the Doctor Starting the Drugs:					3 PM	LWH	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : TAB ISOTRET				9/6	10/6		
Dose	Route	Frequency	Start Dt.	9 AM			
500	P/O	1-1-1	9/6				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : ENTEROGERMINA ^{sup}				8/6	9/6	10/6	
Dose	Route	Frequency	Start Dt.	9 AM	9 AM	9 AM	
	P/O	1-1-1	8/6/26				
Name & Signature of the Doctor Starting the Drugs:					3 PM	2 PM	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

VERIFIED BY : Name Signature



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight ... 6.1 kg Ward ... M Floor

DRUG : INJ. MAGNEX FORTE				Date/Time
Dose	Route	Frequency	Start Dt.	
3gm	IV	10T		
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : INJ. METROGYL				Date/Time
Dose	Route	Frequency	Start Dt.	
500mg	IV	10T		
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : INJ. PAN				Date/Time
Dose	Route	Frequency	Start Dt.	
4gm	IV	10T		
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name Signature



Weight. 1530mm Ward. 61kg

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6	9:12 PM	Dr. MAGNEX Pocz	0.1M	oel	[Signature]	[Signature]
8/6/26	9 PM	TAB UMCEE	(e/o	[Signature]	[Signature]
8/6/26	10 PM	INJ-PHENELZAN	25mg	2m	[Signature]	[Signature]
9/6/26	10 PM	T. ANXIT	0.5mg	HS.	[Signature]	[Signature]
9/6/26	9 PM	TAB MERTFORMIN	500mg	pro	[Signature]	[Signature]

Signature
VERIFIED BY : Name



I.V. FLUIDS CHART

Weight: 61kg Ward: 20204

VERIFIED BY : Name Signature

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6/16	10 ³⁰ am	10 RL	IV	50ml	[Signature]	[Signature]	8/6/16 9pm		[Signature]
8/6/16	12 ⁰⁰ pm	NS				[Signature]	8/6/16 4pm		[Signature]
8/6/16	4 ⁰⁰ pm	RL				[Signature]	8/6/16 8pm		[Signature]
		10 RL	IV	50ml	[Signature]				
		10 NS	IV	50ml	[Signature]				



Mm - Anusuya only

A/c 15338

Dr. Nandhini

NURSES NOTES

(USE BALL POINT PEN ONLY)



No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
7/16/20	10:30am	pt Come for c/o painful micturition. Incomplete Emptying of bladder. pt vitals checked and recorded. Bp 119/91 mmHg. spo ² 100% - pulse 82 b/m. Temp 96.1 F. S/B Dr. Pavithra advice. Du line
	11am	IO PL outflow and urine routine and urine culture.
8/16/20	12pm	pt still in pain - post Foley's done.
	1pm	Dr. Pavithra advice hourly Output Monitoring and recorded
	3pm	pt sleeping well. pt vitals checked and recorded. pulse 87 b/m. Bp 110/46 mmHg. spo ² 99% - Sym. Citrate's and given regular water.
	6am	pt send to FBS to Lab.
	6:30am	pt FBS report in 183mg/dl. Informal to Dr. Pavithra.
	8am	pt details handing over to morning duty staff.
	10:15 am	S/B. Dr. Nandini Adv: Admission.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
8/6/26		ADMISSION NOTES
	10.58am	Mrs. Anusya say / Fe. pt got admission for observation ↓ Dr. Nandini pt. general condition was stable. Vitals checked & ep recorded. BP - 132/80 mmHg Pul - 74 blmt. SpO ₂ - 99% JVF. Rt 50 ml/hr IV connected.
	12pm	Blood sample taken [CBC, RFT, PPBS] to sent lab.
	12 ¹⁰ pm	post breakfast CBG checked - 221 mg/dl informed Dr. Chaitra
	12.40pm	UTI Flush Sachet (O) + 100 ml Water Plo given
	12.48pm	Inj. Magnex Forte 3gm 0.5 ml 10 test dose given. (left for exam)
	12.59pm	Inj. Pan 40 mg. c. 10ml dilution IV given. NO allergic reaction.
	1 ¹⁰ pm	Inj. Magnex Forte 3gm c. 100 ml NS IV Connected.
	1 ⁴⁵ pm	pt shifted to M15. pt general condition was stable. vitals checked & ep recorded BP - 120/80 mmHg pul - 90 blmt SpO ₂ - 99% CBD present urine obtained well. to be empty hourly. CBG & hly pt details handing over given to M Floor SW.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- No Known Drug Allergies
 Drug Allergies *NIL*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>Evening duty Receiving Notes</u>	
8/6/26	2 ³⁰ pm	patient hand Received from LDR duty start	<u>SS</u> 0119781
		patient active alert awake patient stable sv line present and pattern RL 50ml/hr maintain CBD present urine clear no hematuria hourly output monitor CBG - 6hourly vitals hourly one, Normal diet only	
	4pm	vitals checked and reverts RL 50ml/hr maintain patient is slept	<u>SS</u> 0119781
	5:20pm	DR - Ramya mam seen the patient advise to NS/RL 75ml/hr old diabetic tablets stop i - Diapride Mo B/F, T - volibo 0.3Mg with food T - estamet (50/500) to be give	
	6pm	urine clear no hematuria check CBG → 93mg/dl DR - Nandini mam seen the patient advise to continue iv fluids, inj - phenergan 50mg start to pm to be give ^{continued} diabetic drugs as per physician order Tomorrow morning catheter removal plan dialer u/R urine culture send	<u>SS</u> 0119781

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- No Known Drug Allergies
- Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/6/26	6:30pm	DR - Nandini mam phone call advise to with hold plan usg pelvic scan T/m	
	8pm	vitals stable no fever apical patient hand over to next duty staff	
		8/6/26 - Night duty	<u>SS</u> 01/21/26
	8pm	Patient is handing over taken from Evening duty still conscious and oriented CVT I/O kept in position, CBD present,	
	9pm	duty doctor seen the patient continues same treatment T. Lorazepam 1 tab. T. valproic acid 0.3mg, T. Diclofenac 1 tab T. Gabapentin 1 tab Given as per carey chart AS 75ml/hr ontocoo	<u>SS</u> 01/21/26
	10pm	IN. Phenytoin 1m given as as per carey chart	
	11pm	vitals monitoring and recording, AS 75ml/hr.	



NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015338
 Mrs U ANUSUYA
 07-05-1967
 Dr. NANDINI L

IP28-00004535
 69 Y 1 M 1 D (F)



NURSES NOTES

Date/Time		Signature
	CBG - 80mg Idel. IV Fleet NS 75ml in ONKOC	
4AM	PL connected. 75ml in No complaint of patient bleeding urine, urine Discolored.	
6AM	CBG checked 50mg/ml Inform to Dr. Sree PL may to go to give DRK 500ml given.	
7AM	Inj. Pen 10mg IV given as per coming chart	 ON 8/11
	Intake and output Monitoring	
7:30AM	Patient condition Inform to Dr. Nandini mem mem to check CBG after breakfast. After that Dr. Nandini on Diabetic tablet	 ON 8/11

ANC-00015338 IP28-00004535
 Mrs U ANUSUYA
 07-05-1987 59 Y 1 M 1 D (F)
 Dr. NANDINI L



NURSES NOTES

Date/Time		Signature
8 AM	Handing over given to	
	morning duty staff	K. Kija 607887
	Morning shift	
9/6/26	Patient details hand over taken	
8:00 AM	from the night shift staff	K. Kija 607887
	Pt observed look oriented and	
	conscious, Pt vitals are monitored	
9:00 AM	vitals are stable, IV line	K. Kija 607887
10:00 AM	Present in a position, CBD	
	Present removed at 10:00 AM	
10:50 AM	CBG checked at 10:00 AM value - 109 mg/dl	K. Kija
	Doctor advice to remove the catheter	
	after Dr. Nandini mm sound confirm to	
	do the USG	
11:00 AM	Diabetic medications were withheld	
	as per order (Dr. Raguvi)	K. Kija 607887
1:15 PM	Pt IV line out informed to doctor	
	Raguvi	
2 PM	IV line out / informed to Dr. Nandini ordered	

00015338 IP28-00004535
 Mrs U ANUSUYA 59 Y 1 M 1 D (F)
 07-05-1967
 Dr. NANDINI L



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
8/6/20	2pm	to insert new line, and added inj-metrogl patient handed over to evening duty <u>Du</u>
		Staff
		<u>Evening duty</u>
9/6/20	2pm	patient hand over taken from evening duty staff
		patient active alert awake patient stable
		iv line removed soft solid diet given
		no vomiting
	3:30pm	New iv line at Anesthetic vein 20G secured
	3:40pm	inj-metro 500mg iv given
	4pm	vitals stable no fever spice patient passed urine
		NS 50ml/hr connected
	5pm	DR-Ramya mam seen the patient advice to tomorrow morning FBS PPBS to be send continue same
		Re 50ml/hr maintain
	6:30pm	DR-Nandini mam seen the patient advice to tomorrow morning urine routine urine culture CBC FBS PPBS to be send continue same
		10pm after no iv fluids
	7pm	check CBG \rightarrow 157mg/dl inform to DR-Ramya mam advice to N-Glycomed

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

